Foothill Progressive Montessori School, Inc.

4526 Indianola Way La Canada, CA 91011 Tel. # (818) 952-0129

The school will make every effort to administer PRESCRIBED medication according to your instructions and schedule. However the school will not assume any liability in any way regarding children's medication. Where ever possible please time your Childs's medication so that you can oversee it yourself.

Please do not send any medication in the child's lunch box. All medication must be labeled with the child's name and the name of the medication, and must be handed over to the teacher on duty, along with this medication form.

If medication is required for more than one day, please send the required dosage for the number of days it is needed. Please limit the medication you send to one week only. In order to administer liquid medication properly, a plastic spoon or measure must be sent along with the medication.

Child's name: …….

Name of Medication: ……

Quantity: No./Pills:……..…No./Tea Spoons:…….. No./Ounces…….

Refrigeration necessary: Yes/ No

Time to be given: ……Dosage: …….

Special Instructions: ……

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Parent's Signature: ……. Date:……..

Date	Time	Signature	Comments